



REGISTRATION OF AUCTIONEER D/B/A

State Form 43962 (R2 / 9-93)

Approved by State Board of Accounts 1991

INDIANA PROFESSIONAL LICENSING
Indiana Government Center South
302 West Washington Street, Room E034
Indianapolis, Indiana 46204-2700
Telephone Number (317) 232-2980

Date

NO FEE

REGISTRATION INFORMATION

In compliance with IC 25-6.1-3-3 (a) and (f) or IC 25-6. 1-3-4 (a) and (f), Auctioneer and Auctioning Licensing act, I hereby notify the Indiana Auctioneer

Commission that I will on this (date) _____, operate in addition to my original license granted by the Commission an Auction

House or Auction Company as follows: ☐ Auction House ☐ Auction Company

Name of trade or business

Address (number and street, city, state, ZIP code)

I hereby certify that I am operating said auction house or auction company as an individual and that I am the sole owner. I also understand that at such time that I shall discontinue or change the address or trade or business name of said auction company or auction house, I shall promptly notify the Commission of such discontinuance or change in writing, pursuant to 812 IAC 1-1-14.

Signature of licensee

License number

Printed name of licensee

Address (number and street, city, state, ZIP code)

NOTARY CERTIFICATE (SWORN OATH)

STATE OF _____ }
COUNTY OF _____ } SS:

I, _____, having been duly sworn on oath, say that I am the above-named owner, that I have personally prepared the foregoing registration, and that the same is true to the best of my knowledge and belief.

Signature of owner

Signature of Notary Public

Printed or typed name of owner

Printed or typed name of Notary Public

Date subscribed and sworn to Notary Public

County of residence

Date commission expires